

MULTIPLE INDEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/534917

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL DEP.	17	↔		↔		↔	
TOTAL CLAIMS	20	████████		████████		████████	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
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TOTAL IND.			↓		↓		
TOTAL DEP.			↔		↔		
TOTAL CLAIMS		████████		████████		████████	